

Memorandum

To: CTEC
From: Steve Ackerlund
Copy: Ian Magruder, Nikia Greene, Daryl Reed, Karen Sullivan
Date: 5/16/2018
Subject: Health Study Work Group Meeting Summary

Study Working Group Members:

Team members were discussed as listed below. Those attending this meeting, held May 15, 2018, are underlined.

- EPA Region 8 – Nikia Greene, Charlie Partridge (new project toxicologist)
- Montana DEQ – Daryl Reed
- Butte Silver Bow (BSB) County – Karen Sullivan, Lori Stenson, Karen Maloughney, Julia Crane, and Eric Hassler
- Montana Department of Public Health and Human Services (DPHHS) – Laura Williamson, Matt Ferguson (toxicology)
- Community Technical Advisory Group Representative – Bill Macgregor, Joe Griffin, Steve Ackerlund.
- Atlantic Richfield (AR) – Loren Burmeister, Luke Pokorny, Cord Harris
- AR Technical Consultants – Roz Schoof (departing June 1), Dina Johnson, and Don Booth
- Community Partners – St. James Hospital. Dr. Seth Cornell proposed.
- Agency for Toxic Substances Disease Control (ATSDR) – Nikia to extend invite.

The meeting lasted 2 hours. Nikia opened the meeting by seeking input on:

1. The draft *Second Periodic Evaluation of Biomonitoring Data and Approaches* (attached),
2. Team members and their roles and responsibilities,
3. Dr. Ray's 5/14/2018 email regarding public participation, outreach and environmental justice.

The discussions were loosely structured and more complex than summarized, with discussions moving back and forth across the various topics. Major points of discussion and forward plans, as I understood and interpreted them, are summarized below.

Three Focus Groups

Prior working group meetings identified the need for three subgroups addressing: Superfund, non-Superfund, and communications. This structure seemed to continue resonating with the Working Group through ongoing discussions.

“Medical Monitoring” vs “Health Study” Study Label

Nikia identified the draft *Second Periodic Evaluation of Biomonitoring Data and Approaches* as a proposed forward plan that is focused on “Medical Monitoring” rather than the previously used “Superfund Health Study” reference commonly used to describe the work. As the discussions ensued, it became clear that the agencies and AR team see the first health study as having involved a larger scoping effort that has defined the health study needs into an evaluation of biomonitoring and epidemiological data. The draft *Second Periodic Evaluation of Biomonitoring Data and Approaches* identifies 6 Activities that enables ongoing assessment of new data every five years. The data would be used to update prior statistics. In response to a question from Don Booth on the contents of the final deliverable for the 2nd study, Roz Schoof replied they envision a summary of actions across the 6 Activities and any revisions to recommendations from the 1st study that might be identified by re-assessment. Ongoing Medical Monitoring results are expected to be published in a peer reviewed journal, as was done with the first health study.

As a technically focused effort, public participation was seen as representational for this effort. Steve asked questions about meeting times in relation to deliverables, seeking to mimic the success of the first study. Roughly quarterly meetings were discussed, allowing time between meetings for working group members to communicate with the constituencies and respond with comments. Steve requested that a working group meeting be added into the proposed work schedule that allows Work Group review of the data received and proposed statistical methods. This would occur before the September meeting to review statistical summary findings.

NIH Study as the Communications Focus

Bill provided a 1-page summary of the NIH grant to the working group and reviewed its objectives. Both Bill and Steve offered considerable explanation on:

- How the NIH study drew out of a desire to employ a Community Based Participator Research perspective for scoping health study needs.
- What that means in terms of identifying health study needs that are relevant to the community (inclusive of children, disadvantaged populations, etc.).
- The use of interviews, surveys and focus groups as a starting point for gaining broader community participation.
- Expectations for translating community-based questions and concerns into researchable hypotheses and propositions that we expect to be compelling for the Working Group to take on in this and future 5-year health studies.

- NIH's expectations that the work will be qualitative social science work of peer reviewed, publishable quality.
- Interest in pursuing future grants after completing this first pilot study.

After considerable discussion, the group began to recognize the MTech/CTEC/City-County Health Department work as the communications effort. How and when the study results might influence Superfund and non-Superfund studies was discussed without reaching common understanding. There is an inherent limitation here in that we could only speculate a bit on the kinds of outputs the NIH study might have and how the timing would fit with the ongoing Superfund Medical Monitoring study. That said, Nikia and others were supportive, and in particular, were hopeful that at a minimum the NIH study would help inform how Superfund and non-Superfund studies were communicated to the public. Karen Sullivan commented on the desire to move beyond the current participants to engage the broader community. In summarizing the basis for City-County support, Karen recognized that RMAP has reduced blood-lead levels in the community but that other risk factors lead to health inequity and other issues that need to be addressed.

While not a mandated effort, this effort was seen as response to community needs with ample opportunities for community input and participation. It also provides an opportunity for addressing the environmental justice component of Dr. Ray's 5/14/2018 email, and for scoping a non-Superfund focus group effort.

Near Term Plans and Schedules

Minor edits to the *Second Periodic Evaluation of Biomonitoring Data and Approaches* such as team members, responsibilities, and wording were discussed and incorporated. More involved discussion addressed work schedules, stakeholder involvement opportunities, and NIH study integration.

- Environ is seeking blood lead data and morbidity/mortality data through 2017.
- As previously mentioned, Steve Ackerlund requested that a working group meeting occur before the September meeting to review statistical summary findings.
- Bill Macgregor reviewed the need to complete the NIH funded study before the next grant cycle in early 2019. While not expressly recognized during the meeting, this schedule allows study results to affect the proposed March 2019 Working Group meeting to discuss the results of Activities 1-6. Draft and final reporting of the "medical Monitoring" report would follow.